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| **Local Care Direct use during COVID-19 Act** **LEEDS ONLY EXPECTED DEATH****Medical Certificate of Cause of Death Out of Hours if person’s own GP is not available and in exceptional circumstances such as for religious or cultural reasons at the request of the family.**  |

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| The Coronavirus Act 2020 makes changes to the requirements, for death certification in England and Wales.The Act recognises that the doctor who saw the patient during their last illness may be unable to sign the certificate or it might be impractical for them to do so - for example, if they are self-isolating.However if possible, the medical certificate of cause of death (MCCD) should be completed by the practitioner who attended the deceased during their last illness as was the case before the COVID-19 outbreak.**This pathway has been developed for exceptional circumstances that may require death certification to be completed out of hours, such as religious/cultural reasons. Routine certifications should follow the usual processes**. |

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| **Supporting guidance**<https://www.bma.org.uk/media/2324/bma-verification-of-death-vod-april-2020.pdf><https://www.lmc.org.uk/visageimages/Covid-19/Death%20verification%2C%20certification%20and%20post%20mo><https://www.rcpath.org/uploads/assets/742a20f2-f0d3-4e46-8a76843c32882cbf/G213-MCCD-completion-during-COVID-19-outbreak-flowchart.pdf><https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/COVID-19-Act-excess-death-provisions-info-and-guidance-31-03-20.pdf> |

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| **Local Care Direct (LCD) use****Medical Certificate of Cause of Death (MCCD) Out of Hours if person’s own GP is not available and in exceptional circumstances for example, for religious or cultural reasons at the request of the family**Expected death over a weekend/bank holiday where patients own GP is not available & no pre-existing agreement in place and family unable to obtain a death certificate***Expected death***is the result of an acute or gradual deterioration in the patient's health and often due to advanced disease and/or terminal illness. Examples being documented ceiling of care in Advance Care Plans; patient on anticipatory medications; escalation plan in place; person on end of life/GSF/EPaCCs register (Red or Amber), documented decline in patient condition.Death verifiedSpeedy burial requiredFor cultural, religious or any other reasonsLCD is informed via net account enquiry@lcdwestyorks.nhs.uk E.g. via Leeds registrar office, Palliative/Neighbourhood teams**GP checklist**.* Is this an expected death?
* Does the doctor have full access to patient records?
* Is it clear from the records that death is expected, and cause of death can be ascertained?
* Was the deceased seen by ANY doctor in the 28 days before death, either in person or via video-link OR
* Was the deceased seen by any doctor in person (not video-link) after death (including verification of death) or is an LCD home visit possible to view the body
* Can the out of hour’s doctor ascertain the name and GMC number of the doctor who attended the deceased within 28 days before death or after death?

Refer to appendix 1 &2 for MCCD processesCall handler to flag to Duty Manager.Duty Manager to allocate a mobile GP within the Leeds areaMobile GP to review patient medical records. (*Refer to GP checklist)*Unable to issue MCCD.E.g. if criteria of GP checklist & MCCD is not possible. Inform patient’s own GP by SystmOne case record and task, include reason why unable to complete EMIS practices will receive a post event message.Able to issue MCCDBook Located in Reception Lexicon HousePatient NOT seen within 28 days or after death by any doctorPatient seen within 28 days or after death by any doctorGMC number available *(Refer to GP checklist)*LCD arrange a visit GP inform family of reason *For Information only: Registrar contact details to email MCCD via a secure account*Leeds Registrar contact: register.headoffice@leeds.gov.ukUrgent burial forms; Out of office hours you can urgently request a green burial form. To request the form, speak to one of our community registrars.Muslim community registrar07891 278 563(Weekends and bank holidays)Jewish community registrar07590 876 416 or 07803 730 288(Saturdays after daylight hours, Sundays and bank holidays)Contact Coroner via Police MCCD completed by mobile GP, then certificate to scan & email to Leeds registrar (LCD staff to support scanning where required). Send the original (MCCD) paperwork to Registrar’s office.Family informed |

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| **Standing operating Procedure for MCCD OOHs in exceptional circumstances during COVID 19 pandemic**<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877302/guidance-for-doctors-completing-medical-certificates-of-cause-of-death-covid-19.pdf>**Certifying the death**Subject to secure local procedures being available and followed, the body can be released out of hours when the MCCD has been completed but without formal registration. Registration can take place later – though it should be noted that bodies cannot be disposed of until the registrar issues the green form.In an emergency period, any doctor can complete the MCCD, when it is impractical for the attending doctor to do so. This may, for example, be when the attending doctor is self-isolating, unwell, or has pressure to attend patients. In these circumstances, it may be practical to allow a medical examiner or recently retired doctor returning to work to complete the MCCD. There is no clear legal definition of “attended”, but it is generally accepted to mean a doctor who has cared for the patient during the illness that led to death and so is familiar with the patient’s medical history, investigations and treatment. For the purposes of the emergency period, the attendance may be in person, via video/visual consultation, but not audio (e.g. via telephone).The certifying doctor should also have access to relevant medical records and the results of investigations. There is no provision in the emergency period to delegate this statutory duty to any non-medical practitioner. Where the certifying doctor has not seen the deceased before death, they should delete the words last seen alive by me on (see example form). If the deceased has been seen before death by a doctor but not the certifying doctor, as well as signing the MCCD they should include **the name and GMC number** of that doctor on the MCCD. If unable to locate this, please contact the LCD Duty manager who will search “setup” on S1 to locate the information. Registrars will now accept scanned or photographed copies of the MCCD forwarded from a secure email account (such as nhs.net) but original signed MCCD should be securely retained for delivery to the registrar as soon as circumstances allow by the Contact Centre manager.In general practice, more than one GP may have been involved in the patient’s care and so be able to certify the death. In the emergency period, the same provisions to enable any doctor to certify the death prevail in general practice. If no doctor has attended the deceased within 28 days of death (including video/visual consultation) or the deceased was not seen after death by a doctor, the MCCD can only be completed in the OOH setting if a home visit is conducted by a GP to view the body. If capacity for this is available, this could be requested by the LCD Duty Manager. If a home visit is not possible to arranged for this purpose, the MCCD cannot be completed on an urgent basis and the patients own GP will need to refer the death to the coroner during normal working hours. Where a cause of death cannot be ascertained, the death cannot be certified and should not be completed. The family should be informed. The patient’s GP will be informed.**Additional supporting information: Referring deaths to the coroner (not linked to MCCD expected death pathway)** Covid-19 is an acceptable direct or underlying cause of death for the purposes of completing the Medical Certificate of Cause of DeathCovid-19 is not a reason on its own to refer a death to a coroner under the Coroners and Justice Act 2009. That Covid-19 is a notifiable disease under the Health Protection (Notification) Regulations 2010 does not mean referral to a coroner is required by virtue of its notifiable status. Medical practitioners are required to certify causes of death “to the best of their knowledge and belief”. Without diagnostic proof, if appropriate and to avoid delay, medical practitioners can circle ‘2’ in the MCCD (“*information from post-mortem may be available later”*) or tick Box B on the reverse of the MCCD for ante-mortem investigations. For example, if before death the patient had symptoms typical of COVID-19 infection, but the test result has not been received, it would be satisfactory to give ‘COVID-19’ as the cause of death, tick Box B and then share the test result when it becomes available. In the circumstances of there being no swab, it is satisfactory to apply clinical judgement. Doctors and registrars of births and deaths have a legal obligation to report certain categories of deaths to the coroner before they can be registered. These include deaths where there is reason to suspect, the death was unnatural, unexplained, violent or where the death occurs in prison or otherwise in state detention. Deaths for which the cause is not known must be reported to the coroner. In the emergency period, if no doctor has attended the deceased within 28 days of death (including video/visual consultation) or the deceased was not seen after death by a doctor, the death must be referred to the coroner. Strictly speaking, the law requires that an MCCD should be completed even when a death has been referred to the coroner. In practice, if the coroner has decided to order a post-mortem examination and/or to hold an inquest, he may tell a doctor not to complete the MCCD. However, the coroner can only legally certify the cause of death if he has investigated it through autopsy, inquest or both. This means that, if the coroner decides not to investigate, the registrar will need to obtain an MCCD from a doctor who attended the deceased before the death can be registered. This may cause inconvenience to you and the family, if you have not already provided one. This will avoid the death having to be registered as uncertified. When a death is referred, it is up to the coroner to decide whether or not it should be investigated further. It is very important that the coroner is given all of the facts relevant to this decision. The doctor should discuss the case with the coroner before issuing an MCCD if at all uncertain whether he or she should certify the death. This allows the coroner to make enquiries and decide whether or not any further investigation is needed, before the family tries to register the death.The coroner may decide that the death can be registered from the doctor's MCCD. For example, around 60% of deaths with fractured neck of femur mentioned on the certificate are registered from the original MCCD following referral to the coroner (2016 figures). Omitting to mention on the certificate conditions or events that contributed to the death in order to avoid referral to the coroner is **unacceptable and a breach of the doctor’s legal obligations**. If these come to light when the family registers the death, the registrar will be obliged to refer it to the coroner. If the fact emerges after the death is registered, an inquest may still be held. |

**Appendix 1 MCCD process in Leeds (additional information)**

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| Medical Certificate of the Cause of Death (MCCD) during COVID-19 outbreak (All natural deaths including COVID-19), LeedsDiscuss with Registrar/Coroner through the usual channels of communicationTo be done by the patients usual GP in normal hoursDeath is an expected death AND medical practitioner is able to state to the best of their knowledge the cause of deathNoNoYesAny registered practitioner has seen the patient after death ‘in person’ (video link not accepted)Any registered practitioner has seen the patient either in person or via video link within 28 days prior to deathNoYesYesSign and issue the MCCD. Write your name, qualification and GMC number*(Any doctor can sign and issue the certificate as long as ’A Doctor’ has seen the patient within 28 days before death or after death and the expected nature and cause of death can be ascertained from the medical notes. The information on MCCD will be amended accordingly and the doctor signing the certificate will write the name and GMC number of the doctor who has seen the patient and when. For urgent enquiries please telephone Leeds Register office on xxxxxxxxxxxx*. COVID-19 as cause of death. When a doctor believes according to their professional judgement that COVID-19 was involved they should certify as such, whether based on test results, symptoms or other clinical factors.Scan both pages/sides of the signed MCCD and email to the Register office only using secure email account. Email: register.headoffice@leeds.gov.uk *Post the original hard copy of the signed MCCD to the Leeds register office: 2, Great George Street, Leeds LS2 8BA*Inform family to complete death registration by telephone 0113 222 4408. Funeral Director can assist family.If patient died with COVID-19, inform household to self-isolate for 14 days from the start of the patients’ symptoms.Consultation and agreement for this document:**Local Care Direct** Dawn Harvey (Title/role) July 2021**NHS Leeds CCG**Dr Gill Pottinger: GP & CCG clinical lead for End of LifeDr Khalid Muneer: GP & LCD Dr Lucy Clements: GP  |